CTC/167091

Form **990-EZ** Department of the Treasury Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

Open to Public Inspection

II ITCI II	ai nevel	The organization may have to use a copy or uns return to s	Julion		oor tirig roq			
		2006 calendar year, or tax year beginning JUL 1, 2006		and end	ing JU			2007
R C	heck if oplicabl					D EMPI	oyer	identification number
	] Addres:   change							
	]Name change	print or LOS ANGELES SMALL SCHOOLS CENTER						326342
X	]Initial return	type. See Number and street (or P.O. box, if mail is not delivered to street address)			Room/suite			number
	Final return	Specific Instruction 2845 W. 7TH ST.					•	389-8935
	Amen	ded tions. City or town, state or country, and ZIP + 4				<b>F</b> Grou	p Exe	mption
	]Applica ]pending					Numl		
	• Sect	ion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a	com	pleted	l .			X Cash Accrual
		Schedule A (Form 990 or 990-EZ).				specify)		
V	Vebsit	HTTP://WWW.LASMALLSCHOOLSCENTER.ORG/	<u>'</u>					the organization is <b>not</b>
J C	rganiz	ation type (check only one)— $X = 501(c) (3)$ (insert no.) 4947(a)(1)	or	527				dule B (Form 990, 990-EZ, or 990-PF).
<b>K</b> 0	heck	if the organization is not a section 509(a)(3) supporting organization <b>and</b> its gro	oss re	eceipts are	normally <b>no</b> t	t more th	nan \$	25,000. A return is not
r	eguire	but if the organization chooses to file a return, be sure to file a complete return.						
L A	dd line	es 5h, 6h, and 7h, to line 9 to determine gross receipts; if \$100,000 or more, file Form 99	0 inst	tead of Fori	n 990-EZ	<u> </u>	<u>      \$</u>	0.
	ırt I	Revenue, Expenses, and Changes in Net Assets or Fund	Bala	ances (S	See page 47	of the in	struc	tions.)
	1	Contributions, gifts, grants, and similar amounts received					1_	
		Program service revenue including government fees and contracts		, . ,			2	
	3	Membership dues and assessments					3	
	4	Investment income					4	
	5a	Gross amount from sale of assets other than inventory	5a_					
	b		5b					
	C	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach sched	dule)		.,,	L	5c	
ē	6	Special events and activities (attach schedule). If any amount is from gaming, check her						
enr		Gross revenue (not including \$ of contributions						
Revenue	_	reported on line 1)	6a					
_	ь		6b					
	C	Net income or (loss) from special events and activities (line 6a less line 6b)					6c	
	7a	Gross sales of inventory, less returns and allowances						
	b	Less: cost of goods sold	7b					
	,	Gross profit or (loss) from sales of inventory (line 7a less line 7b)					7c	
	8	Other revenue (describe				)	8	
	-	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)					9	0.
	-	Grants and similar amounts paid					10	
		Benefits paid to or for members					11	
w		Salaries, other compensation, and employee benefits					12	
uses							13	
Exper	l	Occupancy, rent, utilities, and maintenance					14	
Ä		Printing, publications, postage, and shipping					15	
	9 10 11 12 13 14 15 16	Other expenses (describe				)	16	
	17	Total expenses (add lines 10 through 16)					17	0.
	18	Excess or (deficit) for the year (line 9 less line 17)					18	0.
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))				[		
Net Assets	'	(must agree with end-of-year figure reported on prior year's return)						0.
Ϋ́	20	Other changes in net assets or fund balances (attach explanation)				1	19 20	
ž	21	Net assets or fund balances at end of year (combine lines 18 through 20)					21	0.
P	art II	Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or mor				orm 990	-EZ.	
_ •		(See page 51 of the instructions.)	-		Beginning o			(B) End of year
22	Cae	h, savings, and investments					22	
23		d and buildings					23	
24		er assets (describe ►					24	
25		al assets				0.	. 25	0.
26		al liabilities (describe ▶		)		0.		0.
27	Net	assets or fund balances (line 27 of column (B) must agree with line 21)				0.	. 27	0.

orn	n 990-EZ (2006) LOS	S ANGELES SMALL SCHO	OOLS CENTER		26-	03	2634	2	Page 2
Part III   Statement of Program Service Accomplishments (See page 51 of the instructions.)							Expe		\
What is the organization's primary exempt purpose? SEE STATEMENT 1							quired for l (4) organ		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.						494	17(a)(1) tr others.)	usts; c	ptional
28	nada, the namber of percent								
						}			
	(Grants \$	) If this amount includes for	oreign grants, check here	<u>,</u>		28a			
29									
						00-			
	(Grants \$	) If this amount includes for	oreign grants, check here	<u>,</u>		29a			
30									
	(Grants \$	) If this amount includes for	oreign grants, check here	<b>&gt;</b>		30a			
31	Other program services (att								
٠.	(Grants \$		oreign grants, check here			31a			
32	Total program service expe	enses (add lines 28a through 31a)			▶	32	L		0.
P	art IV List of Office	ers, Directors, Trustees, and	Key Employees (List each one e	ven if not compensated				uctions.	)
			(B) Title and average hours	(C) Compensation		ontrit empl	outions	( <b>E</b> ) Ex	pense
	(/	A) Name and address	per week devoted to	(If not paid, enter	ben	efit pl	ans &		nt and
			position	-0)		deferr	ed of ation	her all	owances
					- 6011	трепа	ation		
_					<del> </del>				
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	<del></del>								
				, ,	1				-
Р	art V Other Inform	mation (Note the statement requirer	ment in General Instruction V.)					Ye	
33		ge in any activity not previously reported to t							X
34	Were any changes made to	o the organizing or governing documents bu	ut not reported to the IRS? if "Yes," atta	ch a conformed copy of	the cha	inges	34		X_
35	If the organization had i	income from business activities, such a	s those reported on lines 2, 6, and	7 (among others)	, but	not			
	reported on Form 990-7	T, attach a statement explaining your re	eason for not reporting the income	on Form 990-T.					1,,
		unrelated business gross income of \$1,000							X
ı		turn on Form 990-T for this year?					351		I/A
36		ssolution, termination, or substantial contra					36		X
		xpenditures, direct or indirect, as described					0.		x
_	Did the organization file Fo	orm 1120-POL for this year?	irentar truotee ar key employee er we	re any cuch loane m	nade in	 a nrie		<u>'</u>	<b>→</b> ^-
38		w from, or make any loans to, any officer, d						,	x
		start of the period covered by this return? le specified in the line 38 instructions and er		386 1	I/A				
			ונסו נווס מוווטטווג ווואטואסט	100	.,				
39	1717	contributions included on line 9		39a 1	N/A				
		n line 9, for public use of club facilities			I/A	_			
	urosa receipta, meiudeu o	in mig o, for public dod of olde identities					Form 9	90-E	<b>Z</b> (2006)

orm	1990-F	Z (2006) LOS ANGELES SMALL SCHOOLS CENTER	26-03	26342	Page 3
	rt V				
10 a	501(c	(a) organizations. Enter amount of tax imposed on the organization during the year under:  1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	0.		
h	501/c	(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of	r did it	Y	es No
	becon	ne aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		40b	X
C		amount of tax imposed on organization managers or disqualified persons during the year under			
	sectio	ns 4912, 4955, and 4958	0	<u>- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	
d	Enter	amount of tax on line 40c reimbursed by the organization	0	- 1 1	
е	All or	ganizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		40e	X
11		e states with which a copy of this return is filed.   CA			
12a	The b	ooks are in care of ▶ THE ORGANIZATION Telephone no.	<u> 213-</u>	<u> 389-89</u>	35
	Locat	ed at ► 2845 W. 7TH ST., LOS ANGELES, CA	ZIP + 4	<u>90005</u>	
b	At any	r time during the calendar year, did the organization have an interest in or a signature or other authority		-	
	over a	financial account in a foreign country (such as a bank account, securities account, or other financial			es No
	accou	nt)?		42b	X
		s," enter the name of the foreign country: 🕨		_	
		ne instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> .			
C	At any	y time during the calendar year, did the organization maintain an office outside of the U.S.?		42c	<u> </u>
		s," enter the name of the foreign country: 🕨			
43	Secti	on 4947(a)(1) nonekempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			▶ □
	and e	nter the amount of tax-exempt interest received or accrued during the tax year	► 43	N/A	10
Plea Sig	ase n	Under penalties of perjuty / declare that I have examined this return, including accompanying schedules and statements, and to the best of correct, and complete [Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	37	P-10	
Her	е	Signature of officer	Date		
		Nancy Eptein Treasurer			
			eparer's SSN	-	
Paid		Troparor o digitaturo	PTIN		
	parer's Only	Firm's name (or yours RAIMONDO PETTIT GROUP			
	,	21515 IIIIVIIIOIII	ne► /31	0)540-	E000
		address, and ZIP+4 TORRANCE. CA 90503-6583	(31	U/34U-	<u>  フフフU</u>

Form 990-EZ (2006)

FORM 990-EZ PART III - STATEMENT OF ORGANIZATION'S STATEMENT 1
PRIMARY EXEMPT PURPOSE

## EXPLANATION

THROUGH ADVOCACY, EDUCATION, AND SUPPORT, THE LOS ANGELES SMALL SCHOOLS CENTER (LASSC) DEVELOPS AND SUSTAINS PERSONALIZED, HIGH PERFORMING, LEARNER-CENTERED SCHOOLS. LASSC IS PARTICULARLY CONCERNED WITH THE CITY'S LOWEST PERFORMING SCHOOLS THAT SERVE PREDOMINATELY LATINO AND AFRICAN AMERICAN STUDENTS FROM THE POOREST NEIGHBORHOODS.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRAC		STATEMENT				
DIRECTLY O	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, REAL INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[	]	YES	[X]	NO
B) DID THE ORG	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[	]	YES	[X]	NO

